



2662/115
Trin

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/883,062
		Filing Date	June 15, 2001
		First Named Inventor	Jan Medved
		Art Unit	2662
		Examiner Name	Pizarro, Ricardo M.
Total Number of Pages in This Submission	16	Attorney Docket Number	81862P219

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

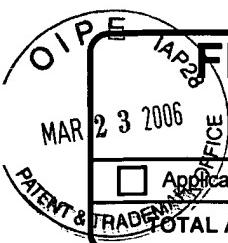
Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 20, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Margaux Rodriguez
Signature	
Date	March 20, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (Rev. 14/30/2005).
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEES TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,070.00)

<i>Complete if Known</i>	
Application Number	09/883,062
Filing Date	June 15, 2001
First Named Inventor	Jan Medved
Examiner Name	Pizarro, Ricardo M.
Art Unit	2662
Attorney Docket No.	81862P219

METHOD OF PAYMENT (*check all that apply*)

- Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

I. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	27	- 26** =	1 X 50.00 =	\$50.00
Independent Claims	6	- 6** =	0 X 200.00 =	\$0.00
Multiple Dependent			=	=

Large Entity	Small Entity	
Fee Code	Fee (\$)	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple Dependent claim, if not paid
1204	790	2204 395 **Reissue independent claims over original patent
1205	300	2205 150 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) 50.00

**or number previously paid, if greater. For Reissues, see below*

2 ADDITIONAL FEES

Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
Fee Description			
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130 Non-English specification
1251	120	2251	60 Extension for reply within first month
1252	450	2252	225 Extension for reply within second month
1253	1,020	2253	510 Extension for reply within third month
1254	1,590	2254	795 Extension for reply within fourth month
1255	2,160	2255	1,080 Extension for reply within fifth month
1401	500	2401	250 Notice of Appeal
1402	500	2402	250 Filing a brief in support of an appeal
1403	1,000	2403	500 Request for oral hearing
1451	1,510	2451	1,510 Petition to institute a public use proceeding
1460	130	2460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
1809	790	1809	395 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395 For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\\$) 1,020.00

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone
Signature			Date	03/20/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

03/24/2006 HDESTA1 00000008 09883062

02 FC:1253